## SUMMARY SHEET PSYCHOANALYSTS PROFESSIONAL LIABILITY

| Change in Company's premium or rate level produced by rate revision effective  |   | 2/1/2010                      |  |
|--|---|-------------------------------|--|
| (1) Coverage   | (2) Annual Premium Volume (Illinois)*                         | (3) Percent Change (+ or -)** |  |
| I. Automobile Liability Private Passenger Commercial   |   | <u>.</u>                      |  |
| 2. Automobile Physical Damage Private Passenger Commercial   |   | 3%                            |  |
| <ul><li>3. Liability Other Than Auto</li><li>4. Burglary and Theft</li><li>5. Glass</li><li>6. Fidelity</li></ul>  | \$476,671***  | 3%                            |  |
| 7. Surety 8. Boiler and Machinery 9. Fire  |   |                               |  |
| 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril  |   |                               |  |
| 14. Crop Hail 15. Other Line of Insurance  |   |                               |  |
| Does filing only apply to certain territory (territories) or No, the base rate increase applies to all classes and does not  | certain classes? If so, specify apply to a certain territory. | :                             |  |
| Brief description of filing. (If filing follows rates of an a Base rate increase   | dvisory organization, specify                                 | organization):                |  |
|  |   |                               |  |
| * Adjusted to reflect all prior rate changes.  ** Change in Company's premium level which will result from application of new rates.  *** American Home Assurance Company's premium. |   |                               |  |
|  | American Home Assurance Commerce and Industry I               |                               |  |
| RECEIVED   | Adam C. Reed - Assistan Official-Title                        | t Vice President              |  |

H29219D

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

JAN 2.7 2010

TILING# AIC-OT-EC-14

## EFF DATE REVISION ONLY

## Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision

| (               | 1)                   | (2)                                     | (3)                            |
|-----------------|----------------------|---|--------------------------------|
| _               |                      | Annual Premium                          | Percent                        |
|                 | erage                | Volume (Illinois) *                     | _ Change (+or-) **             |
| Automobile L    | iability Private     |   |                                |
| Passenger       |                      |   |                                |
| Commercial      |                      |   |                                |
| Automobile P    | hysical Damag        |   |                                |
| Private Passe   | enger                |   | •                              |
| Commercial      | -                    |   |                                |
| Liability Other | Than Auto            |   |                                |
| Burglary and    | Theft                |   |                                |
| Glass           |                      |   |                                |
| Fidelity        |                      |   |                                |
| Surety          |                      |   |                                |
| Boiler and Ma   | chinery              |   |                                |
| Fire            |                      |   |                                |
| Extended Cov    | verage               |   |                                |
| Inland Marine   | •                    |   |                                |
| Homeowners      |                      |   |                                |
| Commercial N    | /ulti-Peril          |   |                                |
| Crop Hail       | 71G101 1 G111        | ·                                       |                                |
| Other Medical M | alpractice - Podiary | 5,756,888                               | +6%                            |
|                 | Insurance            |   |                                |
| Does filing or  | nly apply to certa   | ain territory (territories) or          | certain                        |
| Classes? If s   | 60,                  |   |                                |
| specify:        | This filir           | ng applies to all territories in Illino | is for our Podiatry line.      |
|                 |                      |   |                                |
|                 |                      | iling follows rates of an a             | dvisory                        |
| Organization,   | ,                    |   |                                |
| organization)   | :                    | This is a revised rate filing           | requesting a 6% rate increase. |
|                 |                      |   |                                |
|                 | ····                 |   |                                |
|                 | eflect all prior ra  |   |                                |
| **Change in (   | Company's pren       | nium level which will resu              | It from application of new     |
| 4               |                      |   |                                |

RECEIVED

Podiatry Ins. Company of America

Name of Company Latasha Knox-Campbell, Product Compliance Analyst

Official - Title

DEC 2 1 2009

STATE OF ILLINOIS DEPARTMENT OF INSURANCE SPRINGFIELD, ILLINOIS



rates.